

# Division of Health Care Financing and Policy

2006

Behavioral Health Policy Updates

# Policy Goals:

1. Increase access to behavioral health services for recipients.
2. Increase the capacity of behavioral health providers for Nevada Medicaid and Nevada Check Up.
3. Expand coverage of behavioral health services.
4. Focus the delivery of services on the strengths and needs of the recipient and/or family that are provided in both the home and community-based setting.

# Driving Forces for Policy Changes

- Limited access to care for behavioral health services
  - Recipients were placed on waiting lists
  - Limited time for providers to deliver service
  - Service delivery not focused on home and community based environments
  - Medicaid regulations were found in various sections of the Medicaid Services Manual and did not embrace person-centered care

# Driving Forces (cont'd)

- Legislative funding in 2005 for Medicaid's Behavioral Health Redesign
- Legislative request for DCFS to transform Children's Mental Health specifically related to over utilization of higher levels of care
- Recipient, family, provider, and advocacy input through statewide mental health consortiums

# Responsive Regulatory Changes

- Medicaid Services Manual condensed
- Development of Behavioral Health Community Networks
- Expansion of Rehab Option under state plan
- Re-design of treatment home regulations
- Room & Board payments simplified
- Utilization Management outsourced

# Medicaid Services Manual

- The Medicaid Services Manual contains chapters for each of the programs within the Medicaid program.
- The chapters related to behavioral health services were combined into one chapter to ease provider burden when researching policy coverage.
  - Chapter 400, Behavioral Health Services
  - Policy and Rate changes effective January 1, 2006



# Development of Behavioral Health Community Networks (BHCN)

- Expanded the allowable providers to include Marriage and Family Therapist (MFT) and Licensed Clinical Social Workers (LCSW) under the BHCN.
  - Previous policy limited service delivery to state agencies.
- Network requires coordination of services and providers across the continuum to best fit the recipients needs.
- Providers may be contractually affiliated with Network to maximize best use of resources and coordination of service providers.

# Mental Health Rehab Services Redefined

- Treatment Homes
  - Core rate eliminated the multiple levels
- Psychosocial Rehab
  - Previously ICBS & PSR
  - Therapy is billed separate from this service to remain consistent with licensing requirements
- Basic Skills Living
  - Previously transitional living, Independent living skills, rehab skills
- Crisis Intervention
  - Previously required under level contracts and ICBS, now billed separately



# Expansion of Services

- The legislature approved funding for peer support services, family support services, and case management for non SED/SMI recipients.
- “Unbundling” of treatment home services promotes access to behavioral health interventions based upon individualized needs.

# Transformation of Treatment Home Policies

- Policies and rates were revised to remove the different contractual levels of reimbursement into a core service that is applicable to all recipients and providers (“unbundled” services).
  - Previous system had different levels for treatment homes depending on the types of services provided resulting in recipients being placed in multiple homes depending on needs.
- Services outside of the core rate were restructured to promote individualized delivery of services in both the home and community depending on the intensity need of the recipient.
- Providers are effectively reimbursed for individual services.

# Room & Board for Treatment Home Services

- Room & Board costs for Treatment Homes are not a Medicaid covered benefit as they are not institutional.
  - R&B was difficult for providers to track given on whether a child was in custody or not.
  - Reimbursement for R&B is now an automatic payment out of MMIS using state general funds.

# Utilization Management

- BH Redesign funded Utilization Management (UM) for adult's MH rehab services.
- Interim Finance Committee transferred funds from DCFS to DHCFP January 2006 to fund UM for children's MH rehab services.
- January 2006, Board of Examiners and IFC, approved funding and contract amendment for First Health Services Corporation to perform UM of all MH rehab services.

# Provider Impact

- Providers directly enroll with Nevada Medicaid to provide all behavioral health services for eligible recipients.
- Providers directly contact FHSC for prior authorizations to deliver behavioral health services.
- Providers are reimbursed for each service delivered not an all inclusive rate.
- Rates are dependent upon a fee-schedule not individualized to each provider.
- Provider network has expanded due to BHCN's.
- Through education there is a better understanding of behavioral health benefit coverage for Medicaid and Nevada Check Up.



# Recipient Impact

- Services are centered around the recipient's needs (person centered).
- Reimbursement for family support.
- Services can be delivered to the recipient instead of having the recipient move to the services.
- Providers are encouraged to work together across the continuum based on the recipient's needs.



# Key Indicators

- Services delivered prior to January 2006 utilized different rate methodologies and policies making it difficult to trend access of services.
- Majority of reporting will be based upon a benchmark of January 2006.
- Reports will be based upon all services across the BH continuum.
- By July 1, 2006, DHCFP will provide on its website a universal report for behavioral health services and key indicators.

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